FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

Apr 28 1997 8:00am

Secretary of State

6. Election Campaign Financing

8. This corporation has liability for intangible tax under s. 199,032,

10. Name and Address of New Registered Agent

☐ Yes 🔀 No

Trust Fund Contribution

WULTBURGER, T. JOSE Address (P.O. Box Number is Not Agentable)

rown

Florida Statutes

te of Last Report

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

DOCUMENT # P96000079184 (3)

USA

Wurzburger, T. Joseph

NAPLES FL 34109

#2

2334 NAPLES TRACE CIRCLE

9. Name and Address of Current Registered Agent

ARIOCH, INC.

| | 7-7-14-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | |
|--|---|--|----------------|
| Principal Place of Business | Mailing Address | | |
| 2334 NAPLES TRACE CIRCLE 2334 NAPLES TRACE CIRCLE #2 #2 NAPLES FL 34109 NAPLES FL 34109-7504 | | | |
| _ | | 3. Date Incorporated or Qualified 09/23/1996 | 3a . Da |
| 2. Principal Place of Business 21 3190 W. Crowy Pointe | 26. 3190 W. Crown Printe | 4. FEI Number 59 - 3408 743 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired | |
| City & State | City & State | 6 Election Compaign Financing | |

84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. T. JOSEPH WYRZBURGER, CEC SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1,1 TITLE Change Addition WWRZBURGER, T. JOSEPH 3190 W. Crown Pointe Blue WURZBURGER, T. JOSEPH NAME 1.2 NAME 2334 NAPLES TRACE CIRCLE, #2 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELFTE 2.1 TITLE Change Addition DIAL. TORIN PARKER NAME 2.2 NAME 2069 RIVER REACH DRIVE, #423 STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP 2 4 CHTY-ST-ZIP **COO** DELETE ŤITLE 31 THUE Change ■ Addition CRAPARO, STEPHEN L NAME 3.2 NAME P.O. BOX 9362 STREET ADDRESS 3.5 STREET ADDRESS NAPLES FL 33941 CITY-ST-ZIP 34. CITY-S1-ZIP TITLE DELETE Change 4.1 TITLE Addition HELL REBERAN C. Binte Blue HILL REBEKAH C NAME 4 2 NAME 2334 NAPLES TRACE CIRCLE, #2 STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Country

81 Name

82

83

CITY-ST-ZIP 6.4 CITY - \$1 - 7IP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name